



# **ILLINOIS HUMAN SERVICES COMMISSION**

## **RECOMMENDATIONS on FY'12 HUMAN SERVICES BUDGET and BUDGETING FOR RESULTS PROCESS**

April 21, 2011

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## **MESSAGE TO THE GOVERNOR AND MEMBERS OF THE GENERAL ASSEMBLY**

The Executive Order creating the Human Services Commission gives it this responsibility: “recommend measures to ensure the sustainability of high quality human service delivery in the State of Illinois and make recommendations for achieving a system that will provide for the efficient and effective delivery of high quality human services.” To fulfill this responsibility, the Human Services Commission is pleased to submit a set of recommendations contained in this report to the Governor and members of the General Assembly.

On February 16, 2011, Governor Quinn announced his FY'12 proposed state budget which contains cuts to human services as well as a proposal to reorganize selected human services programs among several state agencies. The Illinois House and Senate have since established their own budgeting process for FY'12. Additionally, the performance-based budget process mandated in HB 5424T requires the state to define results from which allocation of state funds will be justified.

Given the charge of the commission and the complex state budgeting process for FY'12, the Human Services Commission compiled information and developed recommendations for consideration by the Governor's Office and the General Assembly as they deliberate the development of the FY'12 and future state budget. This report contains background information and recommendations which were discussed and approved by the Commission at its meeting on April 15, 2011. The report has three key sections:

1. FY'21 proposed human services reorganizations;
2. Human services budget cuts; and
3. Human services and budgeting for results.

The Human Services Commission requests that the recommendations in this report be given serious consideration by the Governor and the General Assembly.

Human Services Commission  
April 21, 2011

## **ACKNOWLEDGEMENTS**

This report represents the contributions and expertise of many individuals and organizations. The Human Services Commission gratefully recognizes the efforts of all who have provided content, commentary and guidance to this report.

### **COMMISSIONERS**

The following commissioners provided guidance and feedback on the report through attending work group session and/or submitting written comments.

Joe Antolin, Heartland Alliance for Human Needs and Human Rights  
Dr. Damon Arnold, Department of Public Health  
Mary Ellen Caron, Chicago Department of and Support Services  
Eileen Durkin, Neumann Family Services  
Anne Irving, AFSCME Council 31  
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Maggie Laslo, SEIU Healthcare  
Ngoan Le, Chicago Community Trust  
Soo Ji Min, former executive director, Illinois Caucus for Adolescent Health  
Maria Pesqueira, Mujeres Latinas en Accion  
Nancy Ronquillo, Children's Home and Aid  
Dee Ann Ryan, Vermilion County Mental Health  
Kathy Ryg, Voices for Illinois Children  
Michelle Saddler, Illinois Department of Human Services  
Nancy Shier, Ounce of Prevention Fund  
Ray Vazquez, YMCA  
Maria Whelan, Illinois Action for Children

### **TECHNICAL SUPPORT**

We are grateful for three background papers: a) on budget cuts prepared by Larry Joseph, Director, Budget and Tax Policy Initiative, Voices for Illinois Children; b) on human services and budgeting for results by Jim Lewis, Basic Human Needs Senior Program Officer of The Chicago Community Trust; and c) background information on clustering of programs on family, youth and children prevention and intervention services by Illinois Department of Human Services.

The following individuals participated in information gathering and provided comments on working drafts of this report:

Kristin Allen, Boys and Girls Clubs of America  
Briana Baker-Carvell, Department of Correction  
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#### **OTHER CONTRIBUTORS**

Written comments were also received from the following organizations:

Coalition for the Homeless  
Chicago Department of Family and Support Services  
Illinois Coalition Against Domestic Violence  
Planned Parenthood  
Ounce of Prevention Fund  
Maternal Child Health Coalition  
Voices for Illinois Children  
Vermilion County Mental Health Board

**Project Team**

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# RECOMMENDATIONS ON FY'12 PROGRAM REORGANIZATION

## BACKGROUND INFORMATION

The Governor proposes to dissolve DHS' Division of Community Health and Prevention (CHP) and to shift 17 of CHP's programs from IDHS to other state agencies as follows:

- Ten programs to IDPH: Healthy Families, Emergency and Transitional Housing, Targeted Intensive Prenatal Case Management, Homelessness Prevention, Family Planning, Family Planning-Title X, University of Illinois Division for Special Care of Children, Federal Healthy Start Program, Abstinence Education, Diabetes Prevention and Control.
- Four programs to IDJJ: Comprehensive Community Youth Services, Redeploy Illinois, Unified Delinquency Prevention, Juvenile Justice Planning and Action Grants.
- Two programs to IVPA: Afterschool Youth Support (Teen REACH), Sexual Assault Services.
- One program to DCFS: Homeless Youth Services.

Serious concerns were expressed about the proposed program relocation from the Governor's Office because there is not a clear logic to how the reorganization would benefit populations served and that the changes proposed did not have the input or endorsements by the providers affected by the changes. Additionally, there were concerns expressed about the capacity of the various state agencies to absorb these programs by FY'12, the impact on federal funding on these programs and the appropriate transition time needed for any reorganization of programs. The proposed changes unbundled a number of programs that should remain aligned for federal funding purposes, for continuity of care, and/or for the purpose of ease of access for program participants.

IDHS conducted an internal review of programs within the Division of Community Health and Prevention and developed a document that clustered "like programs" serving "like populations". IDHS developed this review based on the following principles:

- The focus of the reorganization should be on the best interest of the clients and communities
- The structure and process must be evidence-based, informed by data and program outcomes
- Discussions about the changes should be conducted with integrity and honesty
- The change process must respect the rights of the workers
- The change should promote efficiency of administration and operations
- The structure should protect the ability to comply with federal rules and regulations

Dee Ann Ryan, Vermilion County Mental Health; Mary Ellen Caron, Chicago Department of and Support Services; Gaylord Gieseke, Voices for Illinois Children; Nancy Shier, Ounce of Prevention Fund submitted written comments to the Human Services Commission.

Commissioner Dee Ann Ryan urged that final decisions affecting restructuring child serving programs and agencies be postponed until a comprehensive analysis of what state agencies currently and could potentially contribute to a more effective Medicaid (EPSDT) Early, Periodic, Screening, Diagnosis and Treatment system in Illinois is done.

A review process was conducted to: 1) examine all possible program shifts, 2) evaluate feasibility of these shifts, taking into account program funding source, program overlap and interconnectedness, agency infrastructure, and service delivery capacity, 3) consult with providers and advocates, and 4) develop recommendations for consideration by the Human Services Commission based on the following principles:

- Best interest of the clients and communities
- Appropriate fit for the state agency
- Infrastructure and capacity of state agency to implement program – technology, procurement, contracting
- Contractual obligations with existing staff and/or vendors
- Understanding of funding source and connection to other programs, including those at the federal level
- Opportunities for efficiencies via shared services and memorandums of understanding between state agencies, if program relocation is not a viable option.

The FY'12 program reorganization proposal introduced by the Governor's Office prompted a review of how current programs are organized within and between state agencies, and that a more thorough evaluation of these processes are needed during this time of budget constraints and planning for budgeting for results.

In addition to soliciting feedback from members of the HSC, other experts and advocacy organizations were consulted. Letters were received from the Chicago Coalition for the Homeless, Planned Parenthood, Maternal Child Health Coalition, and the Illinois Coalition Against Domestic Violence. Satisfaction was sought on all the concerns of these organizations. It should be noted that the Illinois Public Health Association expressed disagreement regarding aspects of the recommendations advanced in this document. They are advocating for all Maternal and Child Health programs to be transitioned to IDPH.



## RECOMMENDATIONS

I. The Governor and the Legislature should not accept the programs reorganization proposed in the Governor's FY'12 budget.

II. Any significant program changes between State agencies should not take place effective FY'12. There should be a deliberative process to assess the appropriateness of the program changes, capacity of state agencies to absorb the changes, transition time, etc. If changes are needed, they should be made within the process of budgeting for results.

III. While in the short-term, dramatic shifts in programming from one agency to another are not recommended, it is recommended that there should be a longer-term process for discussing the ideal infrastructure and agency placement of human services and health programs. This discussion should include all the appropriate state human services and health agencies. Further, it is recommended that the HSC lead this collaborative process and include other pertinent stakeholders and experts during its deliberation.

IV. Two program clusters could be moved from IDHS to IDPH assuming that IDPH has the capacity to absorb the programs and that appropriate transition time be developed.

### REPRODUCTIVE HEALTH

- Family Planning
- HIV Testing
- Male Involvement

### DOMESTIC AND SEXUAL VIOLENCE

- DV Victim Services
- DV Partner Abuse Intervention
- Sexual Assault Prevention and Response
- Sexual Assault-Disability

V. Retain and reorganize a number of current IDHS programs under a comprehensive FAMILY AND COMMUNITY SUPPORT SERVICES which will include:

#### FAMILY WELLNESS

- Family Case Management
- Chicago DPH MCH
- Chicago Healthy Start
- Fetal and Infant Mortality
- Perinatal Depression
- High Risk Infant Follow-Up
- Health Behaviors for Women
- U of I DSCC
- Targeted Intensive Prenatal Case Management
- WIC
- Breastfeeding Peer Counselor
- Farmer's Market Nutrition Program
- Fetal Alcohol Spectrum Disorder

#### CHILD AND ADOLESCENT HEALTH PROMOTION

- School Based Health Centers
- Childhood Asthma
- Coordinated School Health
- Childhood Asthma TA

#### EARLY CHILDHOOD DEVELOPMENT

- Child Care Assistance
- Early Intervention
- All Our Kids
- Project Launch
- Early Childhood and Comprehensive Systems
- Healthy Child Care Illinois
- Healthy Families Illinois
- Doula
- Parents Care and Share
- Strong Foundations
- Maternal, Infant, and Early Childhood ACA Home Visiting
- Illinois Subsequent Pregnancy Program
- Teen Parent Services
- Parents Too Soon
- ARRA

## COMMUNITY AND POSITIVE YOUTH DEVELOPMENT

- Teen REACH
- Gear Up
- AmeriCorps
- Teen Pregnancy Prevention-Primary
- Personal Responsibility Education Program
- Substance Abuse Prevention-Comprehensive
- Substance Abuse Prevention – Statewide
- Mentoring Children of Prisoners
- Enforcing Underage Drinking Laws
- Partnerships for Success
- Community Youth Services
- Comprehensive Community Based Youth Services (CCBYS) (Release Upon Request)
- Domestic Battery (Title V)
- Homeless Youth
- Unified Delinquency Intervention Services
- Redeploy Illinois
- Federal JJ System Improvements
- Transportation
- Second Chance

Attachment A reflects the final proposal expressed in the recommendations.

**VI. IDHS as expediently and responsibly as possible reorganize its programs under the “Family and Community Supports” rubric as outlined in IV and work aggressively with the IDPH and HFS to pursue greater inter-governmental cooperation and communication via formal and informal means, including inter-governmental agreements, shared services, and data-sharing agreements.**

# RECOMMENDATIONS ON ADDRESSING STATE BUDGET CUTS

## BACKGROUND INFORMATION ON THE ISSUE

### Overview of the State Budget

The annual budget book published by the Governor's Office includes three broad categories of funds: the General Funds, other state funds, and federal trust funds. The General Funds, which support the regular operating and program expenses of most state agencies, include the General Revenue Fund, the Common School Fund, and the Education Assistance Fund. About 15 percent of General Funds revenue typically comes from federal sources — primarily Medicaid. "Other state funds" include highway funds, special state funds, and state trust funds. In many of these funds, a substantial amount of revenue also comes from federal sources.

One-fourth of the General Funds (GF) budget involves mandatory spending that is authorized outside the annual appropriations process. These expenditures include pension contributions, debt service, and various statutory transfers to other funds (see Table 1). In FY 2010, the five core human service agencies — the Department of Healthcare and Family Services (DHFS), the Department of Human Services (DHS), the Department of Children and Family Services (DCFS), the Department on Aging (DOA), and the Department of Public Health (DPH) — accounted for 47 percent of all agency appropriations (see Table 2).

**TABLE 1: General Funds Budget, FY 2011**

	\$ millions	Pct. distr.
Agency appropriations	25,688	75.2%
Pension contributions	3,919	11.5%
Pension-related debt service	1,734	5.1%
Other debt service	759	2.2%
Statutory transfers	2,061	6.0%
Total	34,161	100.0%

**TABLE 2: General Funds Appropriations, FY 2010**

	\$ millions	Pct. distr.
Dept. of Healthcare & Family Services	6,733.1	25.5%
Department of Human Services	4,036.9	15.3%
Dept. of Children & Family Services	865.0	3.3%
Department on Aging	656.2	2.5%
Department of Public Health	157.9	0.6%
State Board of Education	7,322.2	27.8%
Higher education agencies	2,220.4	8.4%
Department of Corrections	1,176.8	4.5%
Department of State Police	287.4	1.1%
Department of Juvenile Justice	114.0	0.4%
State Employee Group Insurance	1,146.4	4.3%
All other agencies	1,638.2	6.2%
Total agency appropriations	26,354.5	100.0%

Source: Governor's Office of Management and Budget

**TABLE 3: Average Annual Growth of General Funds Spending, FY 2001 to FY 2008**

Core human service agencies	3.1%
Department of Healthcare & Family Services*	4.7%
Department of Human Services	1.4%
Department of Children & Family Services	-0.2%
Department on Aging	10.6%
Department of Public Health	4.3%
Core agencies excluding DHFS	1.7%
State Board of Education	4.8%
Higher education agencies**	-0.2%
Departments of Corrections & Juvenile Justice***	1.7%
All other agencies	2.1%
Economic indicators	
Consumer price index	2.7%
Personal income in Illinois	3.8%

\* Formerly Department of Public Aid (FY 2001 - FY 2005). Excludes employee group insurance (FY 2006 - FY 2008).

\*\* Excludes State Universities Retirement System.

\*\*\* Department of Juvenile Justice became a separate agency in FY 2007.

Source: Illinois Office of the Comptroller

## Trends in Human Services

Table 3 shows average annual GF spending growth for major state agencies in the years before the current recession. Between FY 2001 and FY 2008, expenditures for the five core human service agencies increased at a rate of 3.1 percent per year — which was slightly above the rate of inflation (2.7%) and lower than the growth of aggregate personal income in Illinois (3.8%). Excluding DHFS, the annual growth rate for human services was only 1.7 percent. The growth for the Department

of Human Services was 1.4 percent.

Among all state agencies, DHS has been hit hardest by the state fiscal crisis of the past several years. Between FY 2009 and FY 2011, the department's GRF budget was cut by 7.2 percent or nearly \$300 million. Although DCFS is largely protected by federal mandates arising from various class action lawsuits, its budget was still reduced by 6.3 percent over the same two-year period. The decline in GRF appropriations for the DPH (3.6%) mainly reflects reductions in funding for community health center expansion. The substantial increase in DOA (16.9%) reflects continued growth of the Community Care Program, which is largely funded through Medicaid (see Table 4).

**TABLE 4: General Funds Expenditures/Appropriations, FY 2009 to FY 2012 (in \$ millions)**

	FY 2009 Expend.*	FY 2010 Approp.	FY 2011 Approp.	FY 2012 Proposed	Change FY09-FY11	Change FY11-FY12
Dept. of Healthcare & Family Services**	6,997.9	6,733.1	6,949.5	7,592.8	-48.4	-0.7%
Department of Human Services***	4,099.2	4,036.9	3,803.2	3,318.2	-296.0	-7.2%
Dept. of Children & Family Services	889.4	865.0	833.0	840.3	-56.4	-6.3%
Department on Aging	537.9	656.2	628.8	798.9	90.9	16.9%
Department of Public Health	146.2	157.9	141.0	136.6	-5.2	-3.6%
State Board of Education****	7,356.3	7,322.2	7,435.2	7,244.8	78.9	1.1%
Higher education agencies	2,195.9	2,220.4	2,124.1	2,149.1	-71.8	-3.3%
Department of Corrections	1,153.9	1,176.8	1,209.9	1,278.0	56.0	4.9%
Department of Juvenile Justice	109.9	114.0	124.4	135.3	14.5	13.2%

\* Includes FY09 Budget Relief Fund; excludes pension contributions.

\*\* FY 2009 excludes supplemental appropriation to reduce backlog of bills from previous fiscal years.

\*\*\* Data for all years reflect location of agency programs in FY 2011.

\*\*\*\* FY 2011 includes \$415.4 million from federal Education Jobs Fund (outside General Funds).

Sources: Illinois Office of the Comptroller and Governor's Office of Management and Budget

In the Governor's proposed budget for FY 2012, DHS is the only major state agency slated for significant cuts.<sup>1</sup>

Among other human service agencies, GRF appropriations would increase by 9 percent for DHFS and 27 percent for DOA. Funding would decrease moderately for DPH and remain about the same for DCFS (see Table 4).

## Department of Human Services: A Closer Look

In FY 2010, four major program areas in DHS accounted for about three-fourths of the department's GRF budget: developmental disabilities, child care assistance, home services, and mental health (see Table 5). The same programs areas constituted more than 80 percent of GRF awards and grants (see Table 6).

TABLE 5: Department of Human Services, GRF Appropriations, FY 2010

	\$ mill.	Pct. distr.
Developmental disabilities	1,310	32.5%
Child care assistance	641	15.9%
Home services	531	13.2%
Mental health	515	12.8%
Community health & youth services	221	5.5%
Income assistance	152	3.8%
Addiction treatment	147	3.6%
All other	519	12.9%
Total	4,037	100.0%

Source: Illinois Department of Human Services

TABLE 6: Department of Human Services, GRF Appropriations for Awards and Grants, FY 2010

	\$ mill.	Pct. distr.
Developmental disabilities	1,011	32.8%
Human capital development		
Child care assistance	641	20.8%
Other	196	6.4%
Home services	531	17.3%
Mental health	300	9.7%
All other	698	22.7%
Total	3,078	100.0%

Source: Illinois Department of Human Services

TABLE 7: Department of Human Services, GRF Budget for Operations and Awards/Grants (in \$ millions)

	FY 2009 Expend.*	FY 2010 Approp.	FY 2011 Approp.	FY 2012 Proposed	FY09-FY12
Operations	964	970	946	1,042	
Change	-----	6	-24	95	77
Pct. change	-----	0.6%	-2.4%	10.1%	8.0%
Awards and grants	3,140	3,078	2,857	2,276	
Home services	497	553	533	579	
Child care assistance	640	610	618	285	
Excluding home services and child care	2,002	1,915	1,707	1,412	
Change	-----	-87	-209	-295	-590
Pct. change	-----	-4.4%	-10.9%	-17.3%	-29.5%

\* Includes FY09 Budget Relief Fund

Source: Illinois Department of Human Services

Since FY 2009, there has been little change in the GRF budget for DHS operations. In the Governor's proposed budget for FY 2012, funding for operations would get a 10 percent increase. By contrast, funding for DHS grants to community-based providers has steadily declined since FY 2009. In the FY 2012 budget, GRF funding for DHS grants — excluding home services and child care — would be 29 percent below the FY 2009 level (see Table 7).

<sup>1</sup> The Governor has also proposed shifting various programs from the DHS Division of Community Health and Prevention to other state agencies (DPH, DCFS, the DJJ and IVPA). All data presented in this report reflects the current location of DHS programs.



### Home Services

The Home Services Program for individuals with disabilities is funded primarily through several Medicaid home and community-based services waivers. From FY 2001 to FY 2008, GRF spending for the Home Services program increased at an average annual rate of 12.3 percent.

TABLE 8: Department of Human Services, Appropriations for Child Care Assistance (in \$ millions)

	FY 2011 Approp.	FY 2012 Proposed	Change
General Revenue Fund	618.0	284.7	-333.3
DHS Special Purposes Trust Fund	130.6	189.5	58.9
Employment and Training Fund	0.0	425.0	425.0
Federal ARRA funds (est.)	39.0	1.7	-37.3
Total	787.6	900.9	113.3

Sources: Governor's Office of Management and Budget and Illinois Department of Human Services.

The Governor's recommend appropriation for FY 2012 would be 16.5 percent above FY 2009 level.

### Child Care Assistance

In FY 2010 and FY 2011, child care assistance was largely protected by

provisions of the federal American Recovery and Reinvestment Act (ARRA). In the FY 2012 budget, GRF funding for child care would be reduced by \$333 million, but non-GRF funding would see a net increase of

\$447 million (see Table 8). This increase includes \$59 million in the DHS Special Purposes Trust Fund (with revenue from the federal Child Care and Development Block Grant) and \$425 million in the Employment and Training Fund (with revenue from the federal TANF Block Grant). Despite higher funding overall, the income eligibility limit for child care assistance will be reduced from 200 percent to 185 percent of the federal poverty level. In addition, required family co-payments will increase, and monthly enrollment will be capped at 165,000 children.

### Other GRF Grants

Table 9 shows changes in GRF support for selected DHS grant programs since FY 2009. Between FY 2009 and FY 2011, the largest cut in GRF grants came from development disability services (\$245 million or 25%). In percentage terms, the largest cuts came from Teen Parent Services (56%), addiction prevention (55%), domestic violence shelters and services (50%), addiction treatment (36%), and mental health (34%).

In the FY 2012 budget, GRF grants for many small but important DHS programs would be eliminated entirely (see Table 9). These include:

- State Transitional Assistance and State Family and Child Assistance, which serve individuals and families who do not qualify for any other kind of income support;
- addiction prevention programs, including methamphetamine awareness;
- Children's Place, which provides specialized child care and related services for families affected by HIV/AIDS;
- the DHS component of the Children's Mental Health Partnership, which oversees implementation of a strategic plan for building a comprehensive and coordinated system of mental health prevention, intervention, and treatment services for children in Illinois.

Other proposed cuts of more than 50 percent include addiction treatment, employment and training programs, immigrant and refugee services, sexual assault response and prevention services, and Teen Parent Services. Funding for the Teen REACH afterschool program would be reduced by 88 percent (see Table 9).

Table 9 also compares the Governor's recommended appropriations levels for FY 2012 with actual expenditures in FY 2009. Over the three-year period, funding levels would be cut by 22 percent for developmental disabilities, 36 percent for mental health, and 69 percent for addiction treatment (see Table 9).

**TABLE 9: Department of Human Services, Selected Cuts in GRF Grants (in \$1,000s)**

	FY 2009 Expend.*	FY 2010 Approp.	FY 2011 Approp.	FY 2012 Proposed	FY09- FY11	FY11- FY12	FY09- FY12
Developmental disability services**	1,028,298	1,029,079	778,075	804,046	-24%	3%	-22%
Mental health services	334,250	302,451	256,700	214,775	-23%	-16%	-36%
Community service grants	220,975	198,319	145,688	112,215	-34%	-23%	-49%
Children and adolescent grants	35,811	33,936	33,436	32,236	-7%	-4%	-10%
Individual care grants (children & youth)	27,021	23,851	27,551	26,051	2%	-5%	-4%
Community transitions	23,258	19,592	23,807	22,908	2%	-4%	-2%
Tinley Park transition	20,730	20,639	20,526	21,365	-1%	4%	3%
Psychotropic medications	2,940	2,646	2,646	0	-10%	-100%	-100%
Children's Mental Health Partnership	2,940	2,381	1,871	0	-36%	-100%	-100%
Transportation	576	1,087	1,176	0	104%	-100%	-100%
Addiction treatment**	163,309	146,069	104,093	51,226	-36%	-51%	-69%
Addiction prevention programs**	7,376	5,953	3,334	0	-55%	-100%	-100%
Community health							
Domestic violence shelters and services	21,580	19,432	10,882	8,797	-50%	-19%	-59%
Sexual assault victims	5,811	4,707	4,236	2,118	-27%	-50%	-64%
Teen Parent Services	6,682	5,996	2,924	1,432	-56%	-51%	-79%
Family planning	936	756	680	0	-27%	-100%	-100%
Youth services							
Comprehensive Community Youth Services	17,785	14,094	12,685	12,685	-29%	0%	-29%
Homeless youth services	4,461	3,622	3,260	3,260	-27%	0%	-27%
Unified Delinquency Intervention	3,008	2,359	2,123	2,123	-29%	0%	-29%
After school youth support (Teen REACH)	18,055	15,714	16,184	2,000	-10%	-88%	-89%
Community Youth Services	6,813	5,364	3,219	0	-53%	-100%	-100%
Human capital development							
Aid to the Aged, Blind, and Disabled	30,047	30,115	30,515	15,607	2%	-49%	-48%
Employability Development Services	18,341	16,114	17,233	8,078	-6%	-53%	-56%
Emergency and transitional housing	8,989	9,124	9,105	4,428	1%	-51%	-51%
Food Stamp Employment and Training	9,291	7,812	8,707	3,880	-6%	-55%	-58%
Immigrant and refugee services**	13,135	11,974	9,157	3,652	-30%	-60%	-72%
Funeral and burial expenses	12,692	11,251	3,436	0	-73%	-100%	-100%
State Transitional Assistance	11,814	12,148	9,637	0	-18%	-100%	-100%
State Family and Child Assistance	1,648	1,685	1,264	0	-23%	-100%	-100%
Children's Place	730	657	492	0	-33%	-100%	-100%
Crisis Nurseries	472	425	319	0	-32%	-100%	-100%
Rehabilitation services							
Centers for Independent Living	5,019	4,521	4,521	2,893	-10%	-36%	-42%
Vocational rehabilitation- Title VI, Part C	1,826	1,055	1,055	0	-42%	-100%	-100%

\* Includes FY09 Budget Relief Fund.

\*\* Includes multiple line items.

Note: Data reflect location of agency programs in FY 2011.

Sources: Illinois Office of the Comptroller and Illinois Department of Human Services

## The FY2012 Budget Process

Article VIII of the State Constitution requires that the Governor propose and the General Assembly enact a balanced budget for each fiscal year:

"Proposed expenditures shall not exceed funds estimated to be available for the fiscal year as shown in the [Governor's] budget."

"Appropriations for a fiscal year shall not exceed funds estimated by the General Assembly to be available during that year."

The statute that established the Commission on Government Forecasting and Accountability (CGFA) also specifies certain features of the budgetary process:



- In March of each year, CGFA shall issue a set of revenue estimates reflecting the latest available information.
- The House and Senate shall adopt or modify the CGFA estimates by joint resolution.
- The joint resolution shall constitute the General Assembly's estimate of available funds during next fiscal year (as specified under Article VIII of the State Constitution).

Neither the Governor nor the General Assembly has consistently followed the constitutional requirements for a balanced budget. Moreover, the General Assembly has typically ignored both its constitutional and statutory responsibilities regarding the revenue side of the state budget. For FY 2012, legislative leaders have announced a “new” budget process that involves more than enacting a set of appropriations bills. Both the House and Senate have adopted revenue estimates prior to determining appropriations.

#### *Revenue Estimates*

The two chambers have adopted different sets of revenue estimates for FY 2012. House Resolution 110 is based on estimates from the Governor's Office of Management and Budget (GOMB), while Senate Joint Resolution 29 is derived from CGFA estimates. Total GF revenue in HR110 is about \$1.1 billion lower than the amount in SJR29.

The main factors underlying the difference between two estimates involve revenue from income and sales taxes. Regarding sales tax revenue, GOMB and CGFA have made very different growth projections. Through February, actual FY 2011 sales tax receipts were 9.3 percent higher than the previous year. (Some of this reflects revenue from the tax amnesty program in fall (2010.) CGFA assumes 6.2 percent growth for FY 2011, but GOMB assumes only 3.3 percent.

GOMB and CGFA make similar assumptions about the impact of increasing the individual income tax from 3 percent to 5 percent. However, they have different overall estimates for income tax revenue — largely because of their projections for “natural” revenue growth (i.e., growth resulting from economic recovery rather than from the tax increase). GOMB estimates that natural growth for the individual income tax will average 3.1 percent in FY 2011 and FY2012. The CGFA estimate is somewhat higher but still modest — 4.1 percent.

Another difference between the two estimates is that CGFA makes an adjustment for delayed implementation of the income tax increase, which was enacted on January 13, 2011, but was retroactive to the first of the year. For the most part, income tax withholding in January did not reflect the higher tax rate. As a result, some of the taxes owed from January will not be paid until tax returns are filed next year. In the CGFA estimates, \$500 million is shifted from FY 2011 to FY 2012.

#### *Allocation of Available Revenue*

Although the total General Funds revenue estimate is \$33.2 billion in HR110 and \$34.3 billion in SJR29, neither amount would be available for allocation to state agencies. Each chamber

must first subtract the costs of mandatory spending — pension contributions, debt service, statutory transfers, and, possibly, state employee group insurance.<sup>2</sup> After these subtractions (\$10.5 billion), the remaining revenue for state agencies would be \$22.7 billion under HR110 and \$23.8 billion under SJR29, compared to \$25.3 billion in the Governor's proposed budget. In order to create a balanced budget, House appropriations committees would have to cut \$2.6 billion from the Governor's aggregate recommendation for state agencies; Senate appropriations committees have to cut \$1.5 billion (see Table 10). In either case, cuts in the DHS budget could be much deeper than what has been proposed by the Governor.

**TABLE 10: FY 2012 General Funds Revenue Available for State Agency Appropriations under House Resolution 110 and Senate Joint Resolution 29 (in \$ millions)**

	HR110	SJR29
General Funds revenue estimate	33,173	34,282
Subtractions for mandated spending		
Pension contributions	4,594	4,594
Pension-related debt service	1,559	1,559
Capital projects debt service	578	578
Statutory transfers	2,317	2,317
Employee group insurance	1,436	1,436
Total	10,484	10,484
Available for agency appropriations	22,689	23,798
Governor's proposed budget*	25,297	25,297
Shortfall (required budget cuts)	2,608	1,499

\* Excludes employee group insurance

The next phase of the budget process on the Senate side is not yet clear. The House of Representatives, however, has adopted HR156, which allocates shares of available revenue to each of five appropriations committees. These shares are based on multi-year averages from the recent past, although they are very close to the allocations in the Governor's proposed budget for FY 2012 (see Table 11).

**TABLE 11: Proposed Allocation of Available General Funds Revenue to State Agencies**

	HR156	Gov. budget
Human services	50.4%	50.2%
Elementary and secondary education	28.7%	28.5%
Higher education	8.8%	8.5%
Public safety	7.0%	7.1%
General services	5.2%	5.7%
Total	100.0%	100.0%

Note: Categories reflect agencies assigned to House appropriations committees.

<sup>2</sup> Neither the House nor the Senate has yet determined what will be included in mandatory spending.

## **Implications for Human Services**

### *Allocation Issues*

The FY 2012 budget should reflect a *balanced* approach to allocating limited resources. There should be *shared sacrifice* among state agencies and across functions of state government.

Before imposing additional cuts on human services, the General Assembly should examine agencies and programs in other sectors of the budget, including appropriations outside the General Funds.

The General Assembly should not establish “fixed allocations” for human services or other broad budget categories. Such an approach, embodied in HR156, pits human services agencies and programs against each other and artificially limits the scope of overall budget discussions.

If a broad human services category is used for resource allocation, DHFS should be treated separately. Most of the DHFS budget involves Medicaid spending, which cannot be controlled simply by limiting appropriations. Despite proposed cuts in reimbursement rates and other policy changes, projected DHFS spending in FY 2012 will be higher than in FY 2011 — a result of enrollment growth and shifts in spending from non-GRF budget lines. The budgetary effects of Medicaid spending growth should not be confined to other human services agencies.

### *Revenue Loss from Federal “Bonus Depreciation”*

A recent change in federal law allows businesses to immediately deduct the entire cost of capital investments from their federal gross income. This bonus depreciation applies to purchases made between September 2010 and December 2011. Illinois, like many other states, uses the federal definition of income as the starting point for its income taxes. Consequently, federal bonus depreciation would result in an estimated state revenue loss of \$15 million in FY 2011 and \$600 million in FY 2012. The General Assembly could prevent unnecessary revenue loss by “decoupling” Illinois tax law from the federal bonus depreciation.

### *Backlog of Unpaid Bills*

The Governor’s FY 2012 budget proposes \$8.75 billion in debt structuring bonds. The proceeds of these bonds would be used to pay down the state’s backlog of outstanding bills, as well as expenses incurred by state health plans, corporate income tax refunds, and other unspecified operating expenses. The Governor’s Office has not provided a detailed “walk-up” for the \$8.75 billion figure. However, at least \$4.5 billion is needed for delayed payments to non-profit human service providers, as well as school districts, state universities, community colleges, and units of local government.

## **Conclusion**

The ongoing crisis for human services in Illinois has several different components. First, human service programs, especially in DHS, have been hit hard by budget cuts enacted since FY 2009. Second, DHS is the only major state agency slated for significant cuts in Governor's proposed budget FY 2012. Moreover, the gap between Governor's budget and legislative revenue estimates puts all human service agencies at considerable risk. Finally, beyond formal budget cuts, the remaining backlog of overdue payments to community-based providers continues to erode the human services infrastructure across the state.

## **RECOMMENDATIONS**

Human Services Commission supports the following recommendations in the areas of improving budget transparency, ensuring equitable and responsible allocation of resources, and maximizing available revenue.

### **1) IMPROVING BUDGET TRANSPARENCY**

**(1a) The General Assembly should enact line-item appropriations for FY 2012 and should not revert to the practice of providing lump-sum appropriations to state agencies or to the Governor's Office.**

**(1b) In order to produce a responsible budget, appropriations committees should have relevant program information and data, including program objectives, populations served, relevant demographic trends, eligibility requirements, program participation, funding sources, expenditure trends, and program results.**

**(1c) State agencies should provide program budgets for major programs, with funding breakdowns for all state and federal sources (including Medicaid).**

**(1d) The Governor's Office of Management and Budget (GOMB) should document the use of federal revenue sources in both the General Funds and other funds. For human services agencies, documentation of federal revenue should include Medicaid, the Children's Health Insurance Program (CHIP), the TANF Block Grant, and the Social Services Block Grant. GOMB should also provide relevant information on all programs subject to federal and state mandates.**

(1e) All of the information mentioned in items 1b-1d should be readily available on the Internet.

## **2) EQUITABLE AND RESPONSIBLE ALLOCATION OF RESOURCES**

(2a) The FY 2012 budget should reflect a balanced approach to allocating limited resources. There should be shared sacrifice among state agencies and across functions of state government. Before imposing additional cuts on human services, the General Assembly should examine agencies and programs in other sectors of the budget, including appropriations outside the General Funds.

(2b) The General Assembly should not establish “fixed allocations” for human services or other broad budget categories. Such an approach, embodied in House Resolution 156, pits human services agencies and programs against each other and artificially limits the scope of overall budget discussions.

(2c) If a broad human services category is used for resource allocation, the Department of Healthcare and Family Services (DHFS) should be treated separately.

*Most of the DHFS budget involves Medicaid spending, which cannot be controlled simply by limiting appropriations. Despite proposed cuts in reimbursement rates and other policy changes, projected DHFS spending in FY 2012 will be higher than in FY 2011 — a result of enrollment growth and shifts in spending from non-GRF budget lines.*

(2d) The state should affirm its commitment to the long-term care rebalancing initiative by protecting and strengthening community-based services for populations with special needs. Policymakers should also consider the damaging consequences of eliminating community-based services not funded through Medicaid.

(2e) The General Assembly should consider the long-term, unintended consequences of budget cuts in human services. If policymakers are concerned about “budgeting for results,” they must recognize that desired objectives cannot be achieved without strategic investments in children, youth, families, and communities.

### **3) MAXIMIZING AVAILABLE REVENUE**

#### **(3a) The House of Representatives should approve General Funds revenue estimates from the Commission on Government Forecasting and Accountability (CGFA), as reflected in Senate Joint Resolution 29.**

*The House revenue estimate (House Resolution 110), which is derived from projections by the Governor's Office of Management and Budget, would require that FY 2012 agency appropriations be \$2.6 billion lower than the aggregate level proposed by the Governor. The revenue estimates from CGFA, which has a good track record in revenue forecasting, would increase available resources by \$1.1 billion.*

#### **(3b) The General Assembly should prevent unnecessary revenue loss by decoupling Illinois tax law from the federal bonus depreciation.**

*Recent changes in federal law allow businesses to immediately deduct the entire cost of capital investments from their federal gross income ("bonus depreciation"). Like many other states, Illinois uses the federal definition of income as the starting point for state income taxes. The change in the federal tax code would result in an estimate state revenue loss of \$600 million in FY 2012.*

#### **(3c) The General Assembly should authorize special fund transfers ("funds sweeps") of excess revenue from special state funds into the General Revenue Fund.**

*The practice of funds sweeps was initiated in FY 2003 and continued through FY 2007. In FY 2009, the revenue was transferred to a Budget Relief Fund. In FY 2010, the General Assembly authorized \$283 million in funds sweeps into GRF.*

#### **(3d) The General Assembly should examine statutory transfers from the General Funds into special state funds. The FY 2012 budget includes more than \$2 billion in statutory transfers. Some of these transfers could be reduced, temporarily suspended, or eliminated.**

*Transfers to the School Infrastructure Fund (estimated at \$62.9 million for FY 2012) were suspended during the last recession (FY 2002 and FY 2003).*

*Transfers to the Capital Litigation Trust Fund (estimated at \$15.4 million for FY 2012), which have been used to cover the state's expenses in contesting criminal capital cases, should no longer be needed.*

**(3e) The General Assembly should repeal the provisions of Public Act 96-34 that prohibit appropriations from the Road Fund to the Secretary of State and the Department of State Police. Appropriations of about \$245 million could be shifted from GRF to the Road Fund.**

*The purpose of the Road Fund is to finance highway maintenance and construction, traffic control and safety, policing, administering driver's license and motor vehicle license laws, and other transportation programs. In FY 2010, total revenue in the Road Fund exceeded \$3 billion, which included license fees, transfers from the Motor Fuel Tax Fund, and federal grants. In FY 2009, expenditures from the Road Fund included \$130 million for the Secretary of State's Office and \$115 million for the Department of State Police.*

**(3f) The General Assembly should examine "tax expenditures," i.e., exemptions, deductions, credits, allowances, and other tax breaks for individuals, corporations, and other entities.**

*The State Comptroller's annual report on tax expenditures indicates that in FY 2009, state agencies reported an estimated \$6.6 billion in foregone revenues resulting from 236 tax expenditures.*

*One of the largest tax expenditures is the exclusion of retirement income that is taxed at the federal level (\$975 million in FY 2009). Most states exclude Social Security benefits from state income taxes. Only ten states, including Illinois, exclude income from federal, state, and local government pensions. Illinois is one of only three states that also excludes all income from qualified private sector retirement plans.*

**(3g) The General Assembly should authorize debt restructuring bonds to reduce the backlog of overdue payments to human service providers.**

*The Governor has proposed \$8.75 billion in debt restructuring bonds. The bond proceeds would be used to cover the remaining backlog of unpaid bills, expenses incurred under state health plans, corporate income tax refunds, and other operating expenses. The Governor's Office has not provided a detailed "walk-up" for the \$8.75 billion figure. However, at least \$4.5 billion is needed for delayed payments to non-profit human service providers, school districts, state universities, community colleges, and others.*

*Note: The revenue estimates in HR 110 and the allocation of resources in HR 156 would require cutting \$2.6 billion from recommended agency appropriations in the Governor's FY 2012 budget. Revenue recommendations 3a-3e listed above could reduce the required cuts to less than \$300 million.*

# RECOMMENDATIONS ON HUMAN SERVICES AND BUDGETING FOR RESULTS

## BACKGROUND INFORMATION ON THE ISSUE

Human service programs in Illinois have undergone substantial cuts in funding in recent years. The Governor's proposed budget would entail additional substantial cuts. These funding cuts have resulted in a substantially reduced capacity of the state to deliver services essential to the well-being of Illinois residents. Additionally, the performance-based budget process mandated in HB 5424T requires better articulation of human services outcomes. This report, therefore, asserts three points fundamental to how the state should proceed with its funding and design of human service programming:

- 1) Human services are a vital function of state government upon which much of the quality of life for all Illinois residents rests.
- 2) The Governor and General Assembly are in the initial stages of implementing a budgeting process that will link appropriation levels to state agency and program performance according to pre-determined measures of desired outcomes. The Human Services Commission welcomes this process as an opportunity to examine the state budget to identify efficiencies and highlight successes. Measuring human services outcomes can be complicated. Some services – such as quality early child care – might be investments well supported by years of research but have a value that is difficult to track as an annual measurable in our state. Others, such as counseling for battered women, might be impossible to chart as providing cost-savings to the state but are a minimal requirement of a humane society.
- 3) Once goals are determined, it is essential that programs are implemented so that those goals can be attained. This requires a deliberate review of how programming is provided, aimed at improving quality and efficiency.

## RECOMMENDATIONS

**The Governor and the General Assembly should consider the statements adopted by the Human Services Commissions on the significance of human services, guiding principles for human services system outcomes and how the state could best achieve the proposed human services outcomes.**

**The Human Services Commission also strongly urges that the budgeting for results process be done deliberately with adequate time and engagement of all key stakeholders.**



## **I.THE SIGNIFICANCE OF HUMAN SERVICES**

A) All residents in Illinois have a common interest in the following:

1. The state is highly economically competitive with strong job creation, high wages, and low unemployment.
2. Children grow into productive residents by being prepared to enter school and doing well in school.
3. Every resident has a shelter and adequate food and nutrition.
4. Illinois residents live in safe environment, and the vulnerable can rely on protection from harm.
5. Illinois residents are healthy, physically and mentally.
6. Persons who have significant limitations, be they due to a disability, aging, or some other cause, have supports that facilitate their reaching their potential and having high quality of life.

Human services contribute to these common social interests because they:

1. Provide job preparation, training and child care that facilitate productive participation in the Illinois workforce.
2. Provide supports for families through the prenatal and early years in a child's life.
3. Prepare children for school and offer social, academic and nutritional support that enable them to do well in the classroom
4. Provide assistance to individuals and families that lack the economic or social resources, or skills, to provide adequate quality of life.
5. Help offenders to develop productive lives and reduce recidivism to the corrections system.
6. Provide direct assistance to persons in danger of starvation, who are homeless, or need assistance with direct care.
7. Provide medical and mental health services to those lacking private insurance.

B) In fields where failure to provide a service has a cost, effective human services save taxpayers money.

Examples include:

1. Quality childcare leads to better school outcomes, leading to better economic and social outcomes
2. Strong and targeted workforce development programs can lead to higher rate of employment and retention.
3. Effective childcare programs enable work and reduce unemployment.
4. Strong substance addiction programs lead to reduced crime and stronger economic outcomes.
5. Prevention programs lead to fewer primary health costs.

6. Strong child welfare programs reduce the future costs of higher uses of multiple human services.
7. Reducing prison recidivism leads to reduced costs for criminal justice and law enforcement, and strengthens neighborhoods, leading to better economic outcomes.

C) Overall economic competitiveness

Illinois is more attractive as a state for businesses and for future residents when there is a strong public safety net for vulnerable populations and neighborhoods and community centers are vibrant. This means:

- Having a healthy population
- Having institutions that care for seniors and the disabled
- Ending homelessness and hunger
- Having a variety of options for childcare and child development
- Having low crime rates, not because there is heavy law enforcement or incarceration; rather because young people develop in healthy ways and the community is economically prosperous.
- Having strong community mental health programming and low levels of illicit substance use that leads to people feeling good about their communities and their futures.

D) Illinois human service capacity has eroded in recent years, and was not particularly strong relative to other states before the erosion.

E) Significant levels of need exist in Illinois at this time due to the state of the economy and other factors. This is not, therefore, a time to be reducing commitment to this work. Key groups experiencing growths in service needs include immigrants, veterans and seniors. Poverty rates have risen with the recession. Demand exceeds supply in many fields, including services for persons with disabilities, substance abuse treatment and mental health.

F) Illinois has been a leader in many human services domains, and in many areas, among the top performers in the nation. These include child welfare, early childhood and child care, TANF caseload reduction, successful welfare reform provisions unique to Illinois, improvements in food stamp take-up, health care models, and others.

## **II. OUTCOMES OF THE ILLINOIS HUMAN SERVICES SYSTEM – GUIDING PRINCIPLES**

In order to implement the performance-based budget process mandated in HB 5424, the state is currently designing goals, objectives and metrics through which state agency activities will be prioritized, assessed, structured and funded. While initial sets of goals are being created in the spring of 2011, the process will be iterative over coming years as the system is fully developed and implemented. The Human Services Commission, therefore, recommends that the following be incorporated into that system:

A) The state human services system has two fundamental purposes:

1. To enable people to achieve their full potential, which in turn makes our state as socially and economically strong as it can be.
2. To provide a safety net for persons lacking the means to live an acceptable quality of life.

B) All residents of the state have, therefore, an interest in the following outcomes being achieved and so these interests should drive human services outcomes. These categories are somewhat different from those that structure the FY-12 budget because they are limited to human services, rather than including all state functions, as does the budget proposal. Because they are key interests, state human service goals should be based upon them.

1. The state is highly economically competitive with strong job creation, high wages, and low unemployment.
2. Children grow into productive residents by being prepared to enter school and doing well in school.
3. Every resident has a shelter and adequate food and nutrition.
4. Illinois residents live in safe environment, and the vulnerable can rely on protection from harm.
5. Illinois residents are healthy, physically and mentally.
6. Persons who have significant limitations, be they due to a disability, aging, or some other cause, have supports that facilitate their reaching their potential and having high quality of life.

While the HB 5424 process will appropriately consider public input into goal-setting, it is essential that needs of vulnerable populations, whose needs may or may not be popular with the general public, be met.

Outcomes may be structured into one of four categories:

1. Basic support
2. Prevention
3. Maximizing independence
4. Resilience and recovery

C) Attaining social-level outcomes requires attaining various subordinate outcomes that in the aggregate produce them. Examples are:

- A child's successful matriculation from an early childhood program to kindergarten
- A person attaining a job with a livable wage
- A foster child successfully emancipating
- A person with a substance addiction attaining sobriety

D) Outcomes must be achieved in three basic types of service settings:

1. In some of these instances, the outcome may be attained by the delivery of a single service, for instance a mother who needs only a child-care provider in order to go to work.
2. In other instances, multiple services are needed and a single provider is equipped to provide them, or coordinate service provision from multiple providers. An example would be a developmentally disabled person working with a single provider or many child welfare cases.
3. The third instance is where multiple services are needed from multiple providers, and strong systems of care coordination do not exist. Examples of these might be re-entering offenders, TANF cases with multiple needs, or substance addiction cases.

Currently, the state mostly collects data on individual units of service rendered in all three types of service settings. In most instances, these are not, strictly speaking, outcome measures. The data may or may not relate to achievement of any of the six major social-level outcomes.

In order to implement a strong outcomes-based budgeting system, the system must be able to do the following things, and service provision must be aligned to achieve them:

1. Provide data and accountability for specific services rendered to individuals.
2. Provide a system of ownership and accountability for outcomes of persons who utilize multiple services, in some instances crossing agencies.
3. Track long-range outcomes of persons receiving service so as to assess whether priority outcomes were achieved, i.e. jobs were held, children performed in school, or offenders or persons with addictions recovered.
4. Be able to measure and assess the relative contributions of different services to attainment of social-level outcomes.

In order to create strong outcome goals and metrics, state personnel in the executive and legislative branches, and the HB 5424 Commission, must establish processes to obtain receive meaningful input from:

1. State agency personnel
2. Service providers
3. Scholars in the field and other subject matter experts

### III. HOW TO ACHIEVE PROPOSED HUMAN SERVICES OUTCOMES

The state is at an important transitional period for how it provides services:

1. Significant budget shortfalls require that a high priority be placed on attaining greater cost-efficiency.
2. A new budgeting for results process necessitates that service delivery systems be aligned with proposed outcomes.
3. Federal health care reforms will result in new payment mechanisms and new clients in state health-related systems during the next five years.
4. The State is committed to major redesign of its IT systems through the Framework initiative. This should be aligned with needs of state agencies related to goals and outcomes.
5. In a number of fields there is evidence that improved service strategies could lead to better client outcomes. These might include, but not be limited to, prisoner re-entry, rebalancing institutional and community care, better integrating substance and mental health treatment, better care coordination to multi-system user clients, and wider implementation of Open Door and comprehensive case management with families.

We cannot presume that current policies and programs are necessarily aligned with outcomes that may be generated by the HB 5424 Commission. This is in consideration of the transformative factors listed above, an opportune time to implement improvements in the state's human services system.

The Human Services Commission, therefore, recommends a comprehensive review of the current service delivery system in Illinois with the goal of implementing changes leading to:

1. Aligning programs and outcome goals
2. Ensuring quality client outcomes and building mechanisms for quality improvement
3. Reducing disparities in quality of life between members of different social groups and protecting vulnerable populations
4. Maximizing efficiency in service provision and reducing costs where possible

Task scope would include:

1. Assessing agency assignment for programs
2. Maximizing federal and other grant opportunities
3. Coordinating services for clients, particularly those with multiple needs
4. Identifying most effective service strategies
5. Aligning service provision with desired outcomes
6. Aligning service and data needs with the Framework process and building annual and interim indicators systems

The planning process would:

1. Coordinate with the executive and legislative processes related to budgeting for outcomes
2. Include input from state agencies, providers and advocates, experts, and elected officials
3. Build on strong existing service models and demonstration projects existing in Illinois
4. Be evidence-based or promising practices

**IV: Care and time must be taken to ensure that good programs that improve the social and fiscal environment of our state are recognized for their true value.**

**Appendix A**  
**List of Human Services Commissioners**

**Co-chairs:**

Ms.	Toni	Irving	Deputy Chief of Staff	Office of the Governor
Ms.	Ngoan	Le	Vice President of Programs	Chicago Community Trust

**Commissioners:**

Mr.	Joseph	Antolin	Vice President and Executive Director	Heartland Alliance
Mr.	Damon	Arnold	Director	Department of Public Health
Mr.	Sam	Balark	Director of External Affairs	AT&T
Mr.	Arthur	Bishop	Acting Director	Department of Juvenile Justice
Rev.	Denver	Bitner	President and CEO	Lutheran Social Services of Illinois
Pr.	Byron	Brazier	Pastor	Apostolic Church of God
Ms.	Mary Ellen	Caron	Commissioner	Chicago Department of Family and Support Services
Sr.	Rosemary	Connelly	Director	Misericordia
Mr.	William	Delgado	Representative	General Assembly
Ms.	Eileen	Durkin	President and CEO	Neumann Family Services
Mr.	Art	Dykstra	President and CEO	Trinity Services, Inc.
Ms.	Sara	Feigenholtz	Representative	General Assembly
Ms.	Julie	Hamos	Director	Department of Healthcare and Family Services
Ms.	Pam	Heavens	Executive Director	Will-Grundy Center for Independent Living
Mr.	Gary	Huelsmann	Executive Director	Catholic Social Services of Southern Illinois
Ms.	Mattie	Hunter	Senator	General Assembly
Ms.	Anne	Irving	Director of Public Policy	AFSCME Council 31
Mr.	Marco	Jacome	Executive Director	Healthcare Alternatives System
Ms.	Naomi	Jakobsson	Representative	General Assembly
Mr.	Shawn	Jeffers	Executive Director	Little City Foundation
Mr.	Charles D.	Johnson	Director	Department of Aging
Mr.	George	Jones	Executive Director	Ada S. McKinley
Mr.	Richard L.	Jones	President and CEO	Metropolitan Family Services
Mr.	Christopher	Koch	Superintendent	Illinois State Board of Education

Ms.	Maggie	Laslo	Director of Government and Public Affairs	SEIU HCII
Mr.	David	Leitch	Representative	General Assembly
Ms.	Valerie	Lies	President and CEO	Donors Forum
Mr.	Erwin	McEwen	Director	Department of Children and Family Services
Ms.	Soo Ji	Min	former executive director	Illinois Caucus for Adolescent Health
Ms.	Rosemary	Mulligan	Representative	General Assembly
Ms.	Carole	Pankau	Senator	General Assembly
Ms.	Maria	Pesqueira	President and CEO	Mujeres Latinas
Mr.	Gregory	Pierce	Leader	United Power for Action and Justice
Ms.	Nancy	Ronquillo	President and CEO	Childrens Home and Aid
Ms.	Dee Ann	Ryan	Executive Director	Vermilion County Mental Health
Ms.	Kathy	Ryg	President	Voices for Illinois Children
Ms.	Michelle	Saddler	Secretary	Department of Human Services
Ms.	Nancy	Shier	Director	Ounce of Prevention Fund
Mr.	Dave	Syverson	Senator	General Assembly
Ms.	Gladyse	Taylor	Director	Department of Corrections
Ms.	Laura	Thrall	President and CEO	United Way Metropolitan Chicago
Mr.	Ray	Vázquez	Executive Vice President of Government Relations	YMCA
Ms.	Maria	Whelan	President and CEO	Action for Children
Mr.	David	Whittaker	Executive Director	Chicago Area Project
Ms.	Diane	Williams	President and CEO	Safer Foundation



## Appendix B, Chart of IDHS program clusters

### HSC PROPOSED PROGRAM CLUSTERS

1. REPRODUCTIVE HEALTH – IDPH		2. DOMESTIC AND SEXUAL VIOLENCE – IDPH	
<ul style="list-style-type: none"><li>Family Planning</li><li>HIV Testing</li><li>Male Involvement</li></ul>		<ul style="list-style-type: none"><li>DV Victim Services</li><li>DV Partner Abuse Intervention</li><li>Sexual Assault Prevention and Response</li><li>Sexual Assault-Disability</li></ul>	
3. FAMILY AND COMMUNITY SUPPORT SERVICES (SUPER CLUSTER) – IDHS			
FAMILY WELLNESS	CHILD AND ADOLESCENT HEALTH PROMOTION	EARLY CHILDHOOD DEVELOPMENT	COMMUNITY AND POSITIVE YOUTH DEVELOPMENT
<ul style="list-style-type: none"><li>Family Case Management</li><li>Chicago DPH MCH</li><li>Chicago Healthy Start</li><li>Fetal and Infant Mortality</li><li>Perinatal Depression</li><li>High Risk Infant Follow-Up</li><li>Health Behaviors for Women</li><li>U of I DSCC</li><li>Targeted Intensive Prenatal Case Management</li><li>WIC</li><li>Breastfeeding Peer Counselor</li><li>Farmer’s Market Nutrition Program</li><li>Fetal Alcohol Spectrum Disorder</li></ul>	<ul style="list-style-type: none"><li>School Based Health Centers</li><li>Childhood Asthma</li><li>Coordinated School Health</li><li>Childhood Asthma TA</li></ul>	<ul style="list-style-type: none"><li>Child Care Assistance</li><li>Early Intervention</li><li>All Our Kids</li><li>Project Launch</li><li>Early Childhood and Comprehensive Systems</li><li>Healthy Child Care Illinois</li><li>Healthy Families Illinois</li><li>Doula</li><li>Parents Care and Share</li><li>Strong Foundations</li><li>Maternal, Infant, and Early Childhood ACA Home Visiting</li><li>Illinois Subsequent Pregnancy Program</li><li>Teen Parent Services</li><li>Parents Too Soon</li><li>ARRA</li></ul>	<ul style="list-style-type: none"><li>Teen REACH</li><li>Gear Up</li><li>AmeriCorps</li><li>Teen Pregnancy Prevention-Primary</li><li>Personal Responsibility Education Program</li><li>Substance Abuse Prevention-Comprehensive</li><li>Substance Abuse Prevention – Statewide</li><li>Mentoring Children of Prisoners</li><li>Enforcing Underage Drinking Laws</li><li>Partnerships for Success</li><li>Community Youth Services</li><li>Comprehensive Community Based Youth Services (CCBYS) (Release Upon Request)</li><li>Domestic Battery (Title V)</li><li>Homeless Youth</li><li>Unified Delinquency Intervention Services</li><li>Redeploy Illinois</li><li>Federal JJ System Improvements</li><li>Transportation</li><li>Second Chance</li></ul>

